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Defendants.

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)
) **Civil Action No. 7:08-cv-592**

LAW OFFICES OF
CRANDALL & KATT
366 ELM AVENUE, S.W.
ROANOKE, VIRGINIA 24016

3. Identify any and all present complaints of injury, as well as permanent and residual effects, which you attribute to the accident sued on and the effect, if any, each has on your performing your usual affairs, both employment and personal.

ANSWER:

Plaintiff experiences pain in her left shoulder, and spasms in her back. Plaintiff also experiences strong popping sensations in her back which make her feel like her back is coming unhooked. Due to Plaintiff's severe, chronic back pain, Plaintiff is unable to work. In addition, due to the nature of her injuries, Plaintiff will no longer be able to pursue employment as a truck driver, a career for which she was trained and earned certification in July 2005.

4. Please set out an itemized statement of all expenses, financial losses, and/or damages that you claim to have sustained and expect to prove at the trial of this action as damages caused by the Defendant, and for each expense, financial loss or damage, please identify and describe the source, amount, explanation and calculation of the amount.

ANSWER:

Subject to further investigation and discovery, this interrogatory may be supplemented.

Please see attached Itemization of Special Damages in the amount of \$44,488.94.

Pain and suffering in an amount to be determined by a jury.

Inconvenience in an amount to be determined by a jury.

*Copies of all supporting documents are attached.

Client: Clayton, Anna

Itemization of Special
Damages

DOI: 09/19/2006

Provider	Date	\$Cost	Description
Pulaski Community Hospital	9/19/2006	\$587.91	E.R.
	TOTAL	\$587.91	
EPMG of Virginia, PC	9/19/2006	\$372.00	Emergency Physician
	TOTAL	\$372.00	
Baptist Hospital West	10/7/2006	\$269.25	E.R.
	TOTAL	\$269.25	

Knoxville Emergency Physicians Group	10/7/2006	\$220.00	Emergency Physician
	TOTAL	\$220.00	
Chiro-Plus	10/25/2006	\$440.00	Therapy
	10/27/2006	\$150.00	Therapy
	11/1/2006	\$170.00	Therapy
	11/3/2006	\$265.00	Therapy
	11/8/2006	\$320.00	Therapy
	11/10/2006	\$265.00	Therapy
	11/15/2006	\$530.00	Therapy
	11/17/2006	\$265.00	Therapy
	11/20/2006	\$200.00	Therapy
	11/22/2006	\$205.00	Therapy
	11/27/2006	\$315.00	Therapy
	11/29/2006	\$205.00	Therapy
	12/1/2006	\$226.00	Therapy
	12/4/2006	\$265.00	Therapy
	12/6/2006	\$205.00	Therapy
	12/8/2006	\$210.00	Therapy
	12/11/2006	\$205.00	Therapy
	12/15/2006	\$265.00	Therapy
	12/20/2006	\$225.00	Therapy
	12/27/2006	\$185.00	Therapy
	12/29/2006	\$140.00	Therapy
	1/3/2007	\$230.00	Therapy
	1/10/2007	\$170.00	Therapy
	1/19/2007	\$230.00	Therapy
	1/24/2007	\$325.00	Therapy
	1/26/2007	\$185.00	Therapy
	2/7/2007	\$325.00	Therapy
	2/23/2007	\$105.00	Therapy
	3/12/2007	\$185.00	Therapy
	3/23/2007	\$185.00	Therapy
	4/4/2007	\$230.00	Therapy
	TOTAL	\$7,426.00	
Christus Schumpert Health Syst			
	12/8/2006	\$115.56	E.R.
	1/7/2007	\$115.56	E.R.
	2/2/2007	\$137.14	E.R.
	2/8/2007	\$10,290.57	Rotator Cuff Surgery

	2/9/2007	\$290.42	E.R. - Injections
	2/26/2007	\$320.66	Pt Evaluation, therapy
	2/28/2007	\$228.84	Therapy
	3/12/2007	\$228.84	Therapy
	3/21/2007	\$242.89	Therapy
	3/26/2007	\$302.74	Therapy
	3/28/2007	\$228.84	Therapy
	4/3/2007	\$228.84	Therapy
	4/11/2007	\$228.84	Therapy
	4/12/2007	\$228.84	Therapy
	4/13/2007	\$228.84	Therapy
	4/17/2007	\$160.70	Therapy
	4/18/2007	\$290.25	Therapy
	4/20/2007	\$290.25	Therapy
	4/25/2007	\$290.25	Therapy
	5/2/2007	\$228.84	Therapy
	5/4/2007	\$231.32	Therapy
	5/7/2007	\$231.32	Therapy
	5/9/2007	\$231.32	Therapy
	5/14/2007	\$231.32	Therapy
	5/16/2007	\$231.32	Therapy
	5/18/2007	\$231.32	Therapy
	5/24/2007	\$192.44	Therapy
	3/8/2008	\$413.21	E.R., Radiology
	TOTAL	\$16,671.28	
Guadalupe Co. Hospital	2/1/2008	\$115.00	E.R.
	TOTAL	\$115.00	
Maine General Medical Ctr.	2/14/2008	\$528.50	E.R., Lab
	TOTAL	\$528.50	
Vase Emergency Medical Srvc.	12/2/2007	\$707.00	E.R. Transport
	TOTAL	\$707.00	
Memorial Hospital of Sweetwater County	12/2/2007	\$2,250.18	E.R., X-ray, Cat Scan
	TOTAL	\$2,250.18	
Advanced Medical Imaging	12/2/2007	\$641.00	X-ray, Cat Scan, Dr. fees
	TOTAL	\$641.00	

Christus Health Northern Louisiana	12/8/2006	\$179.00	Emergency Physician
	1/7/2007	\$179.00	Emergency Physician
	2/2/2007	\$179.00	Emergency Physician
	2/9/2007	\$179.00	Emergency Physician
	TOTAL	\$716.00	
Musculoskeletal Institute of LA	1/4/2007	\$616.00	New Patient Evaluation - X-rays
	TOTAL	\$616.00	
Christus Schumpert Highland Clinic	1/10/2007	\$258.00	Office Visit
	1/17/2007	\$1,228.00	MRI Upper Extremity Joint
	2/7/2007	\$0.00	Preoperative Care
	2/8/2007	\$3,781.00	Shoulder Surgery
	2/12/2007	\$0.00	Postoperative f/u care
	2/19/2007	\$0.00	Postoperative f/u care
	3/7/2007	\$0.00	Postoperative f/u care
	3/28/2007	\$0.00	Postoperative f/u care
	4/30/2007	\$0.00	Postoperative f/u care
	6/25/2007	\$98.00	Office Visit
	10/1/2007	\$98.00	Office Visit
	10/2/2007	\$318.00	Office Visit, x-ray neck, spine
	12/26/2007	\$98.00	Office Visit
	3/5/2008	\$98.00	Office Visit
	TOTAL	\$5,977.00	
Diagnostic Imaging Associates	1/17/2007	\$314.00	MRI Upper Extremity Joint
	3/8/2008	\$51.00	
	TOTAL	\$365.00	
Willis-Knighton Medical Center	12/16/2006	\$	ER (left without being seen)
	1/19/2007	\$128.00	ER
	TOTAL	\$128.00	
WK Emergency Dept. Group	1/19/2007	\$95.00	Emergency Physician

	TOTAL	\$95.00	
Medical Center Anesthesiologist	2/8/2007	\$1,027.00	Anesthesia Services
	TOTAL	\$1,027.00	
Orthorx, Inc.	2/8/2007	\$149.22	Ultrasling
	TOTAL	\$149.22	
Pathology Associates of LA	2/2/2007	\$6.00	Labwork
	2/7/2007	\$29.00	Labwork
	2/8/2007	\$6.00	Labwork
		\$41.00	
LSU-HSC-S- Clinics			
	12/13/2006	\$196.00	X-rays
	12/21/2006	\$150.00	Visit
	3/16/2008	\$803.65	E.R. Phys., IV Therapy
	3/25/2008	\$310.00	E.R. Physician, X-ray
	5/9/2008	\$380.00	X-rays
	TOTAL	\$1,839.65	
Louisiana State University Health Sciences Center	12/13/2006	\$433.58	X-ray, lab
	12/21/2006	\$176.00	E.R. , lab
	3/16/2008	503.65	E.R. , lab
	3/25/2008	\$1,203.96	X-ray Lumbar spine
	5/9/2008	\$865.45	MRI Spinal Canal
	TOTAL	\$3,182.64	
Dr. Vasick	6/23/2008	\$285.00	Office Visit - Consultation
	TOTAL	\$285.00	
	TOTAL MEDICAL CHARGES	\$44,209.63	
Wal-Mart Pharmacy	3/25/2008	\$4.00	Cyclobenzapr 10 mg
	3/25/2008	\$4.80	Ibuprofen 800 mg
	4/25/2008	\$4.00	Lovastatin 20 mg

	4/25/2008	\$4.00	Metformin 1000 mg
	4/25/2008	\$4.00	Metformin 500 mg
	4/25/2008	\$22.06	Relion/Novo 70/30 Inj
	7/12/2008	\$4.08	Metformin 1000 mg
	7/28/2008	\$4.08	Lovastatin 20 mg
	7/28/2008	\$4.08	Meloxicam 7.5 mg
	TOTAL	\$59.10	
PHARMACY			
CVS	12/8/2006	\$3.83	Hydrocodone
	12/8/2006	\$10.00	Cyclobenzaprine
	12/21/2006	\$10.00	Cyclobenzaprine
	12/21/2006	\$10.00	Naproxen
	2/7/2007	\$11.45	Hydrocodone
	2/9/2007	\$14.53	Ketorolac
	4/6/2007	\$15.78	Cyclobenzaprine
	4/21/2007	\$15.78	Cyclobenzaprine
	4/30/2007	\$15.78	Cyclobenzaprine
	4/30/2007	\$10.00	Propoxy
	5/18/2007	\$15.78	Cyclobenzaprine
	5/18/2007	\$10.00	Propoxy
	6/25/2007	\$23.94	Carisoprodol
	6/25/2007	\$11.61	Propoxy
	7/10/2007	\$10.17	Propoxy
	10/22/2007	\$15.78	Cyclobenzaprine
	10/30/2007	\$15.78	Cyclobenzaprine
	TOTAL PHARMACY CHARGES	\$220.21	
	GRAND TOTAL ALL DAMAGES	44,488.94	

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5. Identify all employers for the ten (10) year period immediately prior to your receipt of these interrogatories giving the inclusive dates of employment with each such employer. Also, if you claim as a part of your itemized list of losses in

interrogatory number 4 any lost wages, profits, commissions or other income of any kind as a result of this accident, state the facts concerning:

- A. The full details of the method of computation of such loss, including the source of all such claimed income designated by employer name and address, job title or classification, type of employment, rate of compensation or salary;
- B. Each specific date on which you were unable to engage in your employment or occupation because of incapacity resulting from such injuries, specifying the hours lost if less than a complete day and specifying the reason that you were so incapacitated;
- C. Each specific date on which you were unable to engage in your employment because of the necessity to seek medical attention, specifying the hours lost if less than a complete day; and
- D. The amount of gross income and net income that you reported to the Federal Government for tax purposes for five (5) years preceding the current year, and the amount of your gross income and net income from January 1 of this year until your receipt of these interrogatories.

ANSWER:

Employer: The Shreveport Times
222 Lake Street
Shreveport, LA 71108
Dates: 2003-2005
Job Title: Driver

Employer: ABC Car Care
725 E. Bert Kouns Industrial Loop
Shreveport, LA 71108
Dates: 2001-2003
Job Title: Driver

Employer: Adesa Ark-La-Tex Auction
7666 Greenwood Road
Greenwood, LA 71119
Dates: 2000-2001
Job Title: Machine Operator

This answer may be supplemented subject to further investigation and discovery.

6. Identify the names and addresses of any and all hospitals where you have been confined or treated for any purpose whatsoever within the last ten (10) years before the date of your answers to these interrogatories, specifying in each case the year, the nature of the treatment or other service, as well as the condition, injury or the reason for same.

OBJECTION:

Plaintiff, by counsel, objects to this interrogatory to the extent that it seeks information which does not pertain to injuries alleged to have arisen as a result of the accident giving rise to this matter because it is not relevant to this matter, nor is it reasonably calculated to lead to the discovery of admissible evidence.

Notwithstanding said objection, Plaintiff answers as follows:

Medical Provider: Louisiana State University Medical Center
Address: 1501 Kings Highway
Shreveport, LA 71130
Date: 1994
Condition: Diabetes

Medical Provider: Louisiana State University Medical Center – Eye Clinic
Address: 1420 Kings Highway
Shreveport, LA 71130
Date: 2005
Condition: Cataract

Medical Provider: Christus Schrumpert Highland Hospital
Gordon Mead, M.D.
Address: 1455 E. Bertkouns Ind. Loop
Shreveport, LA 71105
Date: 2007
Condition: Torn Rotator Cup
Treatment: Orthopedic Surgery

Medical Provider: Louisiana State University Medical Center – E.R.
Address: 1501 Kings Highway
Shreveport, LA 71130
Date: 2008

Condition: Back Pain
Treatment: MRI

Medical Provider: Schumpert Medical Center
Charles Black, M.D.
Address: One St. Mary's Place
Shreveport, LA 71101
Date: 2008
Condition: Back Pain tumor of section L-5 of her back
Treatment: Physical Therapy, surgery to remove tumor

Medical Provider: Spine Institute of Louisiana
Eubulus J. Kerr, M.D.
Address: 1500 Line Avenue
Shreveport, LA 71101
Date: 2008
Condition: Moving Vertebrae

Medical Provider: Chiro-Plus
Address: 9235 Mansfield Road
Shreveport, LA 71118
Date: 2006-2007
Treatment: Chiropractic Services

7. Identify the names and addresses of all doctors, physicians, osteopaths, or medical practitioners who have seen you for any purpose whatsoever during the last ten (10) years before the date of your answers to these interrogatories, specifying in each case the year, the nature of the treatment or other service, as well as the condition, injury or other reason for same.

OBJECTION:

Plaintiff, by counsel, objects to this interrogatory to the extent that it seeks information which does not pertain to injuries alleged to have arisen as a result of the accident giving rise to this matter because it is not relevant to this matter, nor is it reasonably calculated to lead to the discovery of admissible evidence.

Notwithstanding said objection, Plaintiff answers as follows:

Please see Plaintiff's answer to Interrogatory No. 6.

8. Identify and describe all bodily, mental or emotional injuries, medical conditions, bodily pain, discomfort, complaint or dysfunction which you have experienced at any time prior or subsequent to the date of the accident set forth in the Complaint, and include in you answer the time, place, and nature of the occurrence, a complete description of the condition in question, the duration of each condition, the names and addresses of doctors and/or hospitals who examined or treated you for each condition, the dates of all examinations or treatment for each condition, and the identity of any persons or entities upon whom you asserted a monetary claim by reason of such condition or injury, if any, the current name and address of any such persons or entities, the name of their insurer or any other insurer alleged to be responsible, the name of any attorney representing you for such claim and the court in which any such claim was filed, if any.

OBJECTION:

An objection is made to the request for information on the ground that the request for such information is without any limitation of time and, therefore, is unduly burdensome and overly broad.

Notwithstanding said objection, Plaintiff answers as follows:

Prior to the accident: Plaintiff enjoyed good health both physically and mentally, with the exception of that listed in Plaintiff's answer to Interrogatory No. 6.

Subsequent to the accident:

- **Plaintiff has had a horseshoe-shaped metal plate inserted in her left shoulder which is the source of chronic discomfort;**
- **Plaintiff must take several prescribed medications;**
- **Plaintiff had surgery on September 29, 2008 to remove a socal mass on the L-4 through L-5 section of her back;**
- **Plaintiff receives chiropractic services 3-4 times per week;**
- **Plaintiff receives physical therapy 3 days per week;**
- **Plaintiff is unable to sit or stand for any length of time;**
- **Plaintiff is unable to enjoy normal marital relations with her spouse as a result of her accident-related injuries;**
- **Plaintiff is unable to work due to back spasms which incapacitate her, and the medication prescribed for this condition makes her extremely drowsy.**

9. Identify by name, address and telephone number all persons who were present at or near the scene of, or who were eyewitnesses to all or part of, your accident or the incident upon which you base responsibility or liability by the Defendant, and all other persons who witnessed the alleged injury or to whom you reported the alleged accident and/or injury. An objection to any witness who has not been identified will be raised at trial. Include in your response a summary of the known factual knowledge of each witness.

ANSWER:

- a) **Myself;**
- b) **Spouse, Carl Clayton;**
- c) **Defendant, James Dickens;**
- d) **Western Express Dispatch;**
- e) **Western Express Safety Department;**
- f) **Tow Truck Driver;**
- g) **T.J.'s Truck and Auto Service;**
- h) **My attorneys at the law firm of Crandall & Kat (that information which counsel would naturally accumulate in the course of their representation);**
- i) **My family members (that type of information which a family member would accumulate and discuss in the ordinary course of events);**
- j) **Insurance representatives (that type of information which a claims representative might accumulate in the ordinary course of his or her investigation of a medical expense benefits claim; and**
- k) **Each of my treating health care providers identified elsewhere in my answers to interrogatories and/or identified in the documents being produced in this matter (that type of information which a health care provider would accumulate in the ordinary course of his or her care and treatment of me.**

10. Identify any expert whom you expect to call as a witness at the trial of this case and state the following:

- A. The subject matter on which the expert is expected to testify;
- B. The substance of the facts and opinions to which the expert is expected to testify; and
- C. A summary of the grounds for each opinion held.

If you allege a permanent injury, state the facts and opinions supporting each and every opinion regarding permanency and the sum and substance of each such opinion.

ANSWER:

Plaintiff and his attorney have not yet determined which expert, if any, will be called to testify at the trial of this action. This answer will be supplemented in accordance with any Pre-Trial Scheduling Order which may be entered in this case.

11. Identify by full name and address all persons who have any knowledge of the damages set out in you answer to interrogatory number 4, and for each person, please describe the substance of the knowledge of each.

ANSWER:

Please see Plaintiff's answer to Interrogatory No. 6.

12. Please state, in detail, all facts that support the claim asserted in your Complaint that the Defendant is responsible or liable to you for damages.

ANSWER:

Please refer to the details as outlined in the Complaint.

13. Identify each person who has given or made a statement concerning the incident alleged in your Complaint, and for each such statement, state the date that the statement was made or give, the identify of the person to whom the statement was made or given, the content of the statement and whether the statement was recorded, transcribed or signed by the person making or giving the statement. In your answer, identify any and all conversations between you and the Defendant or any of its employees, agents, or representatives.

OBJECTION:

To the extent that this request for information seeks a communication between an attorney and a client, and seeks information prepared in anticipation of litigation, an objection is made to such request on the grounds that such information is protected by the attorney-client privilege and the work-product doctrine.

Notwithstanding said objection, Plaintiff answers as follows:

**Pulaski Community Hospital – E.R. Physician
P.O. Box 759
Pulaski, Virginia 24301-0759**

Gordon Mead, M.D.
Christus Schrumpert Highland Hospital
1455 E. Bert Kouns Ind. Loop
Shreveport, Louisiana 71105

Ebulus J. Kerr, M.D.
Spine Institute of Louisiana
1500 Line Avenue
Shreveport, Louisiana 71101

14. In the twenty-four (24) hour period preceding the accident, did you take any drugs or medication, or drink anything of an alcoholic nature, and, if so, state the date, type, quantity, location and times of each consumption and identify all witnesses thereto.

ANSWER:

On September 18, 2008 Plaintiff took Insulin 70/30 20c – once in the morning and again at 10:00 o'clock that evening. Plaintiff's husband, Carl Clayton, witnessed Plaintiff taking this medicine.

15. Have you ever been convicted of a felony or misdemeanor involving moral turpitude? If so, state the date of every conviction, as well as the court, city and state of each such conviction.

ANSWER:

No.

16. If it is your claim that a previous injury, disease or condition has been aggravated or accelerated as a result of the accident, state in detail the facts about its nature and extent to which it has been so aggravated and/or accelerated.

ANSWER:

None.

17. Identify by nature, location, date of any and all accidents that you have experienced in the last twenty (20) years.

OBJECTION:

An objection is made to this request for information on the grounds that it is overly broad and unduly burdensome because the time period of twenty (20) years is excessive.

Notwithstanding said objection, Plaintiff answers as follows: None.

18. Do you wear glasses, contacts or other corrective lenses? If so, state the facts concerning the type of glasses, the prescriber, where the glasses were obtained and the nature of your eyesight problem.

ANSWER:

Plaintiff wears corrective lenses which were prescribed by the Eye Clinic at the Louisiana State University Medical Center. In the year 2005, Plaintiff developed cataracts as a result of her diabetic condition.

19. Have you ever been involved in a lawsuit other than this one? If so, identify the case style of that action, the parties, the court in which it was filed, the attorneys involved and the disposition of that lawsuit, including the date of dismissal and the amount of any settlement or judgment.

OBJECTION:

The Plaintiff objects to this request for information because it seeks information that is not relevant nor reasonably calculated to lead to admissible evidence.

Notwithstanding said objection, Plaintiff answers as follows: No.


20. Describe your version of the alleged incident and how you allege the injury occurred.

ANSWER:

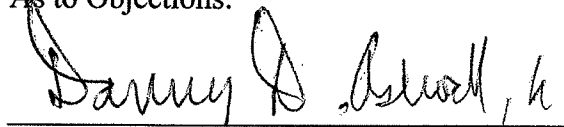
See Complaint.

Respectfully submitted,

ANNA M. CLAYTON

By: 
Of Counsel

As to Objections:



Danny D. Ashwell, Jr., Esq. (VSB# 67914)

CRANDALL & KATT

Attorneys and Counselors at Law

366 Elm Avenue S.W.,

Roanoke, Virginia 24016

Direct Telephone: (540) 767-0400

Direct Facsimile: (540) 767-0414

Counsel for Plaintiff

Anna M. Clayton

CERTIFICATE OF SERVICE

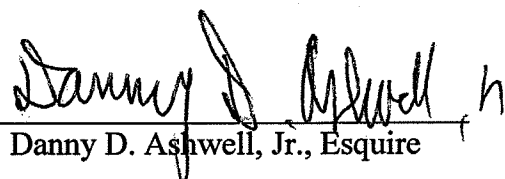
I certify that a true and accurate copy of the foregoing Plaintiff's Answers and Objections to James Dickens' First Interrogatories to the Plaintiff was mailed, first class postage prepaid, to:

David W. Hearn, Esq.
Sands Anderson Marks & Miller, P.C.
801 East Main Street, Suite 1800
Richmond, Virginia 23219-1998

Counsel for the Defendants

LAW OFFICES OF
CRANDALL & KATT
366 ELM AVENUE, S.W.
ROANOKE, VIRGINIA 24016

On this 16th day of December 2008.


Danny D. Ashwell, Jr., Esquire

Anna M Clayton
ANNA M. CLAYTON

Louisiana
COMMONWEALTH OF VIRGINIA)
CITY/COUNTY Bossier City,) to-wit:
Bossier Parish

On this day personally appeared before the undersigned notary public in and for the jurisdiction aforesaid, ANNA M. CLAYTON, and made oath that the foregoing Answers and Objections to Interrogatories are true and correct according to the best of her knowledge, information, and belief.

Subscribed and sworn to before me on this 1st day of December, 2008.

INSTRUMENT NOT PREPARED BY
SIGNING NOTARY PUBLIC, NOTARY
ATTESTING TO SIGNATURE ONLY

Amy Kathreen Warner-Greer
Notary Public
Amy Kathreen Warner-Greer, #34538
Notary Public

My commission expires:

Life

ID#: 34538